MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036825 STATE FILE NUMBER

Registration District No. 38 J- Primary Registration District No. 5691 Registrar's No. 471

FILED OCT 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0.582
2 0.585
3
4 0
5 1
6
7 1
8 2
9 91.0
10
11
12 90.0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON TWNSHP
Length of stay in 1b: 30 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5 MILES NW BROOKFIELD
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: LINN
c. CITY OR TOWN: BROOKFIELD
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 MILES N.W.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ANDREW Middle HERBERT Last FARRAR

4. DATE OF DEATH: Month 9 Day 25 Year 63

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-3-74

9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (City and state or country): WASHINGTON, PA.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: EZRA L. FARRAR

13b. MOTHER'S MAIDEN NAME: MARY J. DENNING

14. NAME OF HUSBAND OR WIFE: JOSEPHINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: LUCILLE RITCHIE, BROOKFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Disseminated Carcinomatosis — 3 mo.
DUE TO (c): Squamous Carcinoma of Lip — 1 year.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cachexia.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-10-62. to 9-15-63. and last saw her him alive on 9-15-63.
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L.W. Bohrer M.D.

22b. ADDRESS: Brookfield Mo

22c. DATE SIGNED: 9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 9-27-63

23c. NAME OF CEMETERY OR CREMATORY: LACLEDE CEMETERY

23d. LOCATION (City, town, or county) (State): LACLEDE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: WRIGHT'S - LACLEDE, MISSOURI

25. DATE RECD. BY LOCAL REG.: 9-27-63

26. REGISTRAR'S SIGNATURE: Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W R Wright

Licensed Embalmer No. 4655

P. O. Address Meadville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.